

**Dietetic Internship Supplemental Application Form**

Name:
Address:
Phone:
Email Address:

**\*\*Please type or print legibly in the above section\*\***

**The application fee is \$60.00.** Payment must be made using a credit card.

Please Choose the Concentration You Wish to Apply For:

- Clinical Nutrition & Dietetics Only (1000 hours of supervised practice plus orientation completed in 26 weeks)
- Food Insecurity/Food Banking Only (1120 hours of supervised practice plus orientation completed in 29 weeks)
- Clinical Nutrition & Dietetics AND Food Insecurity/Food Banking (I would like to be considered for both concentrations)

Complete the credit card authorization form found on the program's website and email it to [dietetic.internship@unlv.edu](mailto:dietetic.internship@unlv.edu).

Do not send forms via mail as they will not be accepted.

***This form and the application fee must be received prior to the application deadline date. Late submissions will not be considered.***